Women/Maternal Health

State Action Plan Table (Nebraska) - Women/Maternal Health - Entry 1
Priority Need
Cardiovascular Disease including Diabetes, Obesity, and Hypertension
NPM
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Objectives
WM1a: By 2025, increase access to preventive health care and address health disparities in order to reduce rates of obesity, diagnosed diabetes, and diagnosed hypertension in women age 18 to 44 years.
WM2a: By 2025, the Maternal Mortality Review Committee (MMRC) will be fully established and operating a full capacity.
Strategies
WM1a (1): Title V will conduct outreach and education on Heritage Health Adult (Nebraska Medicaid Expansion) to promote enrollment and benefits, particularly for disparate and disadvantaged women of childbearing age and other parents/caregivers.
WM1a (2): The DHHS Women's Health Initiatives Program will develop, implement, and evaluate a project collaboration with a community cultural organization to enhance local navigation and health services.
WM1a (3): The DHHS Women's Health Initiatives Program will collaborate with partners to identify needs for updates and/or translations for existing educational materials for women on cardiovascular disease, and review use of social media, in order to assure cultural relevance and inclusion of disparate audiences.
WM2a (1): Develop the procedures of the MMRC to include development of a five-year report for publication.
WM2a (2): Expand the diverse membership of the MMR to enhance cross-systems and inter-sector review and recommendations to improve maternal outcomes.

ESMs	Status
ESM 1.1 - Participation in the Women's Community Health Initiative for Preventing Cardio Vascular Disease.	Inactive
ESM 1.2 - Percent of women participating in Women's Community Health Initiative who have had a well check according to the US Preventive Services Task Force (USPSTF) guidelines based on age and history.	Active

NOMs

- NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
- NOM 3 - Maternal mortality rate per 100,000 live births
- NOM 4 - Percent of low birth weight deliveries (<2,500 grams)
- NOM 5 - Percent of preterm births (<37 weeks)
- NOM 6 - Percent of early term births (37, 38 weeks)
- NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
- NOM 9.1 - Infant mortality rate per 1,000 live births
- NOM 9.2 - Neonatal mortality rate per 1,000 live births
- NOM 9.3 - Post neonatal mortality rate per 1,000 live births
- NOM 9.4 - Preterm-related mortality rate per 100,000 live births
- NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy
- NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations
- NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females
- NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Perinatal/Infant Health

State Action Plan Table (Nebraska) - Perinatal/Infant Health - Entry 1
Priority Need
Infant Safe Sleep
NPM
NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding
Objectives
PIN2a: By 2025, decrease Sudden Unexplained Infant Death rate by: promoting safe sleep practices particularly separate sleep surface; racial disparities; and protective factors such as breastfeeding.
Strategies
PIN2a(1): The DHHS Maternal Infant Health Program will continue expansion of NE Safe Babies campaign to include family practice, pediatric, and OB-GYN clinics across Nebraska.
PIN2a(2): The DHHS Maternal Infant Health Program and MCH Epidemiology Office will review Omaha Fetal Infant Mortality Review data and identify actionable educational or policy recommendations. One such recommendation is to design and implement Death Scene Investigation Form training for law enforcement, coroners, and medical examiners.
PIN2a(3): Title V will work with partners to gain insight from women of childbearing age from minority groups on strategies for effective education on safe sleep practices.
PIN2a(4): In 2021, PRAMS will mail packets of materials created by PRAMS to health care providers in Nebraska.

ESMs	Status
ESM 5.1 - The number of birthing hospitals and pediatric clinics that become Champions of the "Nebraska Safe Babies Campaign".	Inactive
ESM 5.2 - The percent of organizations receiving outreach that become Champions of the "Nebraska Safe Babies Campaign".	Active

NOMs
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Nebraska) - Perinatal/Infant Health - Entry 2

Priority Need

Premature Birth

SPM

SPM 1 - The percent of preterm births.

Objectives

PIN1a: By 2025, decrease preterm birth by addressing disparities among women of childbearing age, increasing access to care, and providing education.

PIN2a: By 2025, develop and implement an innovative project design to disrupt maternal disparities, specifically those impacting Black mothers.

Strategies

PIN1a (1): Title V staff will participate in a cross-sector multidisciplinary group led by NPQIC to identify and make recommendations to Title V on action to prevent premature birth.

PIN1a(2): The DHHS Maternal-Infant Health Program will collaborate with Omaha Healthy Start on a project to reduce risk for premature birth.

PIN2a(1): Utilize a project design approach that incorporates the input of Black women with lived experience.

PIN2a(2): Implement a three-part, multi-year project that includes: investing in the social needs and supports of minority women prenatally with local community organizations through infant age of at least one year; developing and delivering a training activity for interdisciplinary providers on the topic of practices to disrupt disparities in maternal and birth outcomes that incorporates minority women's voices and experiences; and promote Medicaid Expansion.

Child Health

State Action Plan Table (Nebraska) - Child Health - Entry 1	
Priority Need	
Access to Preventive Oral Health Care Services	
NPM	
NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	
Objectives	
CH5a: By 2025, increase the percent of children ages 1 to 17 years who receive preventive oral health care services.	
Strategies	
CH5a(1): The DHHS Office of Oral Health will identify needs for translation of existing health literate oral health education materials.	
CH5a(2): Title V will assist the Office of Oral Health in acquiring and distributing Dental Health Starter Kits in the population. The DHHS Office of Oral Health will report evaluation measures of the project.	
CH5a(3): The DHHS School Health Program and the Office of MCH Epidemiology will participate in the planning and implementation of the statewide Oral Health Survey.	
ESMs	**Status**
ESM 13.2.1 - The number of sites participating in the Nebraska Early Dental Health Starter Kits Educational program.	Inactive
ESM 13.2.2 - The percentage of children participating in the Open Mouth Survey from underserved communities	Active
NOMs	
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	

State Action Plan Table (Nebraska) - Child Health - Entry 2
Priority Need
Child Abuse Prevention
SPM
SPM 2 - The rate of substantiated reports of child abuse and neglect per 1,000 children (1-9).
Objectives
CH4a: By 2025, reduce rate of substantiated child abuse or neglect by: supporting prevention, early identification, and early intervention strategies; and investigating disproportionality of children and families involved with the Child Welfare Agency.
Strategies
CH4a (1): The Nebraska MIECHV program will expand evidence-based home visiting services Nebraska families at-risk for child abuse and neglect in a collaboration with DHHS Division of Children and Family Services.
CH4a (2): Title V staff will work with the Division of Children and Family Services to further evaluate Nebraska's Community Well-Being prevention model and its ability to address social determinants of health and equity and increase protective and promotive factors within families and communities.

Adolescent Health

State Action Plan Table (Nebraska) - Adolescent Health - Entry 1	
Priority Need	
Motor Vehicle Crashes among Youth	
NPM	
NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19	
Objectives	
AD6a: By 2025 reduce the number of crashes among adolescent drivers age 14 to 19 years to prevent injury and death by addressing disparities in minority and rural populations.	
Strategies	
AD6a(1): The DHHS Office of Injury Prevention will expand the scope of the Teens in the Drivers Seat survey to include non-participating schools, in order to enlarge the data and understanding of Nebraska youth driving behaviors.	
AD6a(2): The DHHS Office of Injury Prevention will expand its distribution plan for safe driving materials including Graduated Drivers Licensing to community cultural centers other non-school settings.	
ESMs	**Status**
ESM 7.2.1 - The number of schools participating in the "Teens in the Driver Seat" program.	Active
NOMs	
NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000	
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	

State Action Plan Table (Nebraska) - Adolescent Health - Entry 2
Priority Need
Sexually Transmitted Diseases among Youth
SPM
SPM 3 - The rate of chlamydia infections reported per 100,000 youth (age 15-19).
Objectives
AD7a: by 2025, decrease the rates of chlamydia and gonorrhea among youth in Nebraska by addressing disparities among racial/ethnic and urban/rural groups.
Strategies
AD7a(1): The DHHS STD Program will review and address needs for health literate, culturally and linguistically appropriate materials to educate the population, particularly disadvantaged groups.
AD7a(2): The DHHS Adolescent Health Program will continue the development, testing, distribution, and evaluation of the Conversation Starters Project.
AD7a(3): The DHHS Adolescent Health Program will continue the development, testing, distribution, and evaluation of Youth Friendly Clinic Recommendations.
AD7a(4): With Title V support, the DHHS Adolescent Health Program will expand the evidence-based TOP positive youth development program to include at least one additional project site in a rural area or other area reflecting identified disparities.

State Action Plan Table (Nebraska) - Adolescent Health - Entry 3

Priority Need

Suicide among Youth

SPM

SPM 4 - The death rate due to suicide per 100,000 youth (age 10-19).

Objectives

AD8a: by 2025, reduce suicide rates among youth by: increasing access to early intervention services and education; addressing stigma; promoting protective factors (resilience, asset-building, family engagement) and reducing risk factors.

Strategies

AD8a(1): The DHHS School Health Program will work collaboratively with cross-sector partners to increase the capacity of schools to respond effectively to student mental health issues including suicidal and behavior issues, for students with and without special health care needs.

AD8a(2): Title V will participate with state-level, cross-systems partners to align and amplify suicide prevent efforts for all children, youth, and families.

Children with Special Health Care Needs

State Action Plan Table (Nebraska) - Children with Special Health Care Needs - Entry 1
Priority Need
Behavioral and Mental Health in School
NPM
NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
Objectives
CS9a: by 2025, the Medically Handicapped Children's Program (MHCP) will collaborate with stakeholders to implement a formalized, sustainable, statewide support structure to provide a continuum of supports to families with children and youth with special health care needs (CYSHCN).
CS9b: The School Health Program will implement a collaborative, integrated project with schools and community partners to promote trauma-informed care and restorative discipline practices as approaches to address disparities in discipline and exclusion at school.
Strategies
CS9a(1): The Collaborative established will include families, and enhance availability of knowledge, services, and supports for families of CYSHCN. Included will be a website and information repository, formalized partnerships supported by memoranda of understanding or agreement; medical-community-legal partnerships; training and outreach for families and providers; and data collection and evaluation.
CS9a(2): MHCP, in collaboration with the Munroe Meyer Institute (MMI) at the University of Nebraska Medical Center, will continue the Parent Resource Coordinator (PRC) project, supporting families with CYSHCN age birth to 21 years. This support includes mentorship with families and medical clinic providers to enhance the coordination between education, medical, and social supports for families.
CS9b(1): The School Health Program will work collaboratively with cross-sector partners to increase the capacity of schools to respond effectively to student mental health issues including suicide and behavior issues, for student with and without special health care needs.
CS9b(2): Title V will continue to collaborate with stakeholders including families to explore the root causes of disparities in Nebraska's educational system, particularly in areas of disciplinary practices impacting minority and special needs youth, and appropriate responses for child equity advocates.

ESMs	Status
ESM 11.1 - The number of CYSCHN families who have contact with a Parent Resource Coordinator.	Inactive
ESM 11.2 - The percentage of families who are satisfied with supports provided by the Parent Resource Center	Active

NOMs
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Cross-Cutting/Systems Building

State Action Plan Table (Nebraska) - Cross-Cutting/Systems Building - Entry 1
Priority Need
Improved Access to and Utilization of Mental Health Care Service
SPM
SPM 5 - Percent of children, ages 0 through 17, who are continuously and adequately insured
Objectives
XC10a: By 2025, increase awareness and decrease stigma around mental and behavioral health issues by ensuring that training, outreach, and provider tools reflect best practices in health literacy and are culturally- and linguistically- appropriate for underserved populations
XC10b: By 2025, increase capacity of primary care providers to screen, refer, and treat mild-to-moderate mental and behavioral health issue in children, youth, and women of childbearing age.
XC10c: By 2025, assess impact of tele-behavioral health on improving access and utilization of mental and behavioral health services by MCH populations in Medicaid.
Strategies
XC10a(1): Title V will continue Community Health Worker (CHW) workforce development activities, working with cross-divisional and cross-sector partners to assure all CHW have access to QPR Gatekeeper training, Mental Health First Aid, and trauma-informed care, with the intention of improving referrals to care and reducing stigma about mental and behavioral health issues.
XC10a (2): Title V will continue CHW workforce development activities, including sustainable infrastructure, with CHW center and in the lead, through engagement of the CHW Consultant Trainer Cadre.
XC10a(3): Title V will conduct outreach and education on Heritage Health Adult (Nebraska Medicaid Expansion) to promote enrollment and improve access to care, particularly for disparate and disadvantaged women of childbearing age, and other parents/caregivers.
XC10b(1): Title V will continue as lead agency in Nebraska Pediatric Mental Health Care Access Program, NEP-MAP.
XC10c(1): The MCASH Program will undertake a collaboration with Medicaid to measure tele-behavioral health utilization trends in Nebraska